

AD 240 (1/94)

FEB 12 2008 *alw*

United States District Court

DISTRICT OF

MICHAEL W. BORBINS
CLERK, U.S. DISTRICT COURT

EARLIE SPAN , Plaintiff

v.

NURSE: CHADECK , Defendant

PHYSICIAN ASST. COLGAN ,

DR. JOHN DOE 1 .

I, EARLIE SPANAPPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

08 C50023

CASE NUMBER:

JUDGE KAPALA

declare that I am the (check appropriate box)

 petitioner/plaintiff/movant other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion:

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to Part 2)If "Yes" state the place of your incarceration DIXON CORRECTIONAL CENTERAre you employed at the institution? NO Do you receive any payment from the institution? NO

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? Yes No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

WALMART FROM: APRIL OF 98 to AUG. OF 98

SALARY: 7.25 per HR.

3. In the past 12 twelve months have you received any money from any of the following sources?

- a. Business, profession or other self-employment
- b. Rent payments, interest or dividends
- c. Pensions, annuities or life insurance payments
- d. Disability or workers compensation payments
- e. Gifts or inheritances
- f. Any other sources

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive.

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4. Do you have any cash or checking or savings accounts? Yes No
If "Yes" state the total amount. _____
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? Yes No
If "Yes" describe the property and state its value.
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.
NONE

I declare under penalty of perjury that the above information is true and correct.

JAN. 31, 2008

DATE

Faith Span

SIGNATURE OF APPLICANT

CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$.40 on account to his/her credit at (name of institution) Dixon Correctional Center. I further certify that the applicant has the following securities to his/her credit: unknown.

I further certify that during the past six months the applicant's average balance was \$ see attached.

2/1/08
DATE*Nedra Chandler (sn)*

SIGNATURE OF AUTHORIZED OFFICER

Time: 8:53am

d_list_inmate_trans_statement_composite

Trust Fund**Inmate Transaction Statement**

REPORT CRITERIA - Date: 08/01/2007 thru End; Inmate: N22957; Active Status Only? : No; Print Restrictions? : Yes;
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions? : Yes; Include Inmate Totals? : Yes; Print
 Balance Errors Only? : No

Inmate: N22957 Span, Earlie**Housing Unit: DIX-NW-36-23**

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
					Beginning Balance:	0.04	
08/16/07	Payroll	20 Payroll Adjustment	228115		P/R month of 07/2007	10.00	10.04
08/22/07	Disbursements	90 Medical Co-Pay	234315	Chk #75604	90803656, DOC: 523 Fund Inmate, Inv. Date: 08/03/2007	-2.00	8.04
08/24/07	Point of Sale	60 Commissary	236724	544213	Commissary	-5.97	2.07
09/14/07	Payroll	20 Payroll Adjustment	257115		P/R month of 08/2007	10.00	12.07
09/18/07	Disbursements	90 Medical Co-Pay	261315	Chk #76073	90805805, DOC: 523 Fund Inmate, Inv. Date: 08/22/2007	-2.00	10.07
09/21/07	Point of Sale	60 Commissary	264747	547518	Commissary	-10.04	.03
10/17/07	Payroll	20 Payroll Adjustment	290115		P/R month of 09/2007	25.04	25.07
10/26/07	Point of Sale	60 Commissary	299747	551016	Commissary	-24.87	.20
11/13/07	Payroll	20 Payroll Adjustment	317115		P/R month of 10/2007	27.45	27.65
11/15/07	Point of Sale	60 Commissary	319747	552592	Commissary	-18.29	9.36
12/05/07	Point of Sale	60 Commissary	339726	555014	Commissary	-9.10	.26
12/14/07	Payroll	20 Payroll Adjustment	348115		P/R month of 11/2007	28.80	29.06
12/17/07	Point of Sale	60 Commissary	351747	556017	Commissary	-29.03	.03
12/31/07	Mail Room	01 MO/Checks (Not Held)	365228	518881	Robinson, Nancy	30.00	30.03
01/07/08	Point of Sale	60 Commissary	007747	557858	Commissary	-28.84	1.19
01/16/08	Payroll	20 Payroll Adjustment	016115		P/R month of 12/2007	28.80	29.99
01/18/08	Point of Sale	60 Commissary	018747	559659	Commissary	-17.18	12.81
01/24/08	Disbursements	88 Birth Certificate	024315	Chk #78164	88823075, Vital Records Office, Inv. Date: 01/24/2008	-12.00	.81

Total Inmate Funds:	.81
Less Funds Held For Orders:	.00
Less Funds Restricted:	.41
Funds Available:	.40
Total Furloughs:	.00
Total Voluntary Restitutions:	.00

RESTRICTIONS

Invoice Date	Invoice Number	Type	Description	Vendor	Amount
01/31/2008	80823850	Disb	Postage 1/31/08	99999 DOC: 523 Fund Inmate Reimbursement	\$0.41
Total Restrictions:					\$0.41